PTC/SB/06 (08-03)
Approved for use through 7/31/2003, OMB 0851-0032
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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-675 | | | | | | | | | Application of Ooctus Number | | |
|--|---|---|-------|---|------------------|---|--------------------|------------------------|------------------------------|---|------------------------|
| CLAIMS AS FILED - PART I (Column 2) | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| | | | | NUME | LER EXTRA | | RATE | FEE | | RATE | FEE |
| BASIC FEE (37 CFR 1.16(a)) | | | | | | 1 | | | OR. | | :220 |
| TOTAL CLAMS (37 CFR 1.15(c)) 7 minus 20 s | | | | 0.0 | | 1 | ×8 | | | | •240 |
| IN | OFFENDENT CLA | MS , | minus | | • | | X . | | OR | × 5 | |
| MULTIPLE DEPENDENT CLAIM FRESENT (ST CFR 1.18(d)) | | | | | | ı | | | OR | × 1 | |
| * If the difference in column 1 is less than zero, enter 'V' in column 2. | | | | | | j | • | | , OR | +1 | Maa |
| | | | | | | | TOTAL | | OR | TOTAL | 770 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | |
| L | | (Column 1) | | (Cotumn 2) | | | SMALL E | NTTY | OR | | R THAN ENTITY |
| AMENDMENT A | | CLAIMS REMARING AFTER AMENDMENT | | MIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | COT COPR LINES | . 9 | Mires | 20 | • | | xse | | OR | X \$ = | |
| Ę. | Endependent GF GFR 1.14D(I) | ' / | Minus | - 3 | • | | X4= | | OR | X \$ • | |
| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.10(0)) | | | | | | +3 . | | OR | +: . | |
| | | | | | | • | TOTAL ADDL FEE | · | OR | TOTAL ADD'L FEE | |
| | | (Cotumn 1) | • | (Column 2) | (Column 3) | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| MENDMENT B | 5/19/06 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PARD FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total (27 CEFR 9.90(d) | 8 | Minus | 10 | • | | X 5. = | | CR | x \$ = | |
| | Independent (37 CFIL 1.18(x)) | • • / | Minus | 7 | * - | | x 1 | | OR | X8_ 0 | |
| AM | FREST PRESENTATION OF MULTIPLE DEPENDENT CLASM (D7 CFR 1.16(Q)) | | | | | | +: - | | OR | +1 | |
| | | | | | | • | TOTAL ADD'L FEE | | OR I | TOTAL ADOL FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | | . • | | | | |
| DMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADOI- TIONAL FEE | | RATE | ADOS- TIONAL FEE |
| | Total (OT CIFR 1.1894) | | Minus | * | • | ſ | xse | | OR | ×8 | |
| AMENDM | Independent (37 CFR 1.18(0)) | • | Minus | ••• | • | Ī | x s | | OR | ×1 | |
| ¥ | FRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.14(d)) | | | | | | +5 | | OR | +1 . | |
| | | | | | | | | | OR E | TOTAL ADD'L FEE | \dashv |
| # If the entry in column 1 is less than the entry in column 2, write "O' in column 3. " If the "Righest Humber Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Righest Humber Previously Paid For" IN THIS SPACE is less than 3, enter "2". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to an obtain 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gentering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the inclinidual case. Any comments on the enount of time you require to complete this torm and/or suggestions for reducing this bursten, about to be Chief Information Officer, U.S. Patient and Yindomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissionar for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

* If you need existence in completing the form, cliff 1-800-PTO-9189 and select option 2 - 1 - 2 - 1